

RCE

09976912

CLAIMS AS FILED - PART I

| | | (Column 1) | (Column 2) | (Column 3) |
|----------------------------------|--|--------------|--------------|--------------------------|
| TOTAL CLAIMS | | | | |
| FOR | | NUMBER FILED | NUMBER EXTRA | |
| TOTAL CHARGEABLE CLAIMS | | 10 | 2 | |
| INDEPENDENT CLAIMS | | Minus 3 = | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | <input type="checkbox"/> |

- If the difference in column 1 is less than zero, enter "0" in column 2.

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AMENDMENT filed
4-9-04 CLAIMS AS AMENDED - PART II

| | | (Column 1) | (Column 2) | (Column 3) |
|--|----|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 45 | Minus | 52 | = 7 |
| Independent | 11 | Minus | 12 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| TYPE | RATE | FEE | RATE | FEE |
|-----------|--------|-----|-----------|-----|
| BASIC FEE | X\$ 9= | | X\$ 18= | |
| | X42= | | X84= | |
| | +140= | | +280= | |
| TOTAL | | | OR. TOTAL | |

| OTHER THAN | RATE | FEE |
|------------------|-------|-----|
| OR. | XS18= | |
| OR. | X84= | |
| OR. | +280= | |
| TOTAL ADDIT. FEE | | |

| | | (Column 1) | (Column 2) | (Column 3) |
|--|----|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 45 | Minus | 52 | = 7 |
| Independent | 11 | Minus | 12 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| ADDITIONAL FEE | RATE | FEE |
|------------------|-------|-----|
| OP. | XS18= | |
| OR. | X84= | |
| OR. | +280= | |
| TOTAL ADDIT. FEE | | |

| | | (Column 1) | (Column 2) | (Column 3) |
|--|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | ** | = |
| Independent | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| ADDITIONAL FEE | RATE | FEE |
|------------------|-------|-----|
| OP. | XS18= | |
| OR. | X84= | |
| OR. | +280= | |
| TOTAL ADDIT. FEE | | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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